UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.32/Add.1
15 July 1996

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Third regular session 1996
16-19 September 1996
Item 3 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Nepal

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of Nepal for the period 1997 to 2001 in the amount of $18,400,000 from general resources, subject to the availability of funds, and $34,216,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

/...

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	3
PROGRAMME COOPERATION, 1992-1996	4
RECOMMENDED PROGRAMME COOPERATION, 1997-2001	6

List of tables

1.	Basic statistics on children and women	11
2.	Expenditure under previous cooperation period, 1992-1996	13
3.	Planned yearly expenditures	14
4.	Linkage of programme budget and staffing/staff costs	15

THE SITUATION OF CHILDREN AND WOMEN

1. Nepal is one of the world's poorest countries, and an estimated 71 per cent of its population of 21.4 million live below the poverty line. As 90 per cent of the population are engaged in primarily subsistence farming, the per capita gross national product of $200 reflects the relative wealth of a small, primarily urban, minority.

2. Although Nepal has halved infant and under-five mortality rates in the last 25 years to 84 and 118 per 1,000 births, respectively, they remain unacceptably high. Routine hospital data collected by the Government of Nepal show a maternal mortality rate (MMR) of 515 per 100,000 live births, among the highest in the region (a recent World Health Organization (WHO)/UNICEF estimate cites MMR as 1,500). Nepal is also one of the few countries in which males have a higher life expectancy (55.2 years) than females (53.7 years). Due to prevalent gender discrimination, women and girls receive inadequate amounts and quality of food, perform excessive labour and have limited access to health and family planning services. As many as 80 per cent of women between 15 and 19 years of age are anaemic; some 40 per cent of women in this age-group have given birth to at least one child.

3. The high prevalence of malnutrition contributes to the high rates of child morbidity and mortality, as well as to their slowed physical and mental growth and development. Nearly two thirds of children under the age of three years suffer from moderate or severe malnutrition and stunting. One third of babies are born under weight and only 36 per cent of infants 0-4 months are exclusively breast-fed. Iodine deficiency disorders include a goitre prevalence of 44 per cent and cretinism of about 1 per cent.

4. Although 5 million persons have been supplied with water supply systems in the last decade, more than one half of the population still do not have access to safe drinking water. Approximately one in six families have sanitary latrines. Despite increases in water supply and waste disposal facilities, home sanitation and hygiene practices have not improved significantly. Many, especially urban, water sources are contaminated, and water-borne diseases have not been reduced significantly.

5. There are 21,000 primary schools with 82,000 teachers in Nepal, but less than one half of the teachers have received orientation. Only one fifth of primary teachers are female, and teacher attendance is less than 60 per cent. Of all the children in class one, 33 per cent repeat and 3 per cent drop out. Gross enrolment is 109 per cent and net enrolment is 72 per cent. Discriminatory customs prevail against females, resulting in a boy to girl ratio in primary school of 2.7 to 1. About 28 per cent of the adult population are literate, with a male:female ratio of almost 3:1.

6. Although the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women have been ratified by the Government, implementation of their articles remains a challenge.

7. Government support to decentralization in late 1995 led to the creation of the village development and self-reliance programme, born of the concept that the responsibility to plan, monitor and maintain village-level projects should rest with the rural population. The Government seeks to strengthen decentralization and local self-governance by helping local bodies to become strong and capable of meeting the basic needs of the rural people. This will help to alleviate poverty and enhance sustainable development. There is an annual government allocation to the Village Development Fund of at least 500,000 Nepalese rupees, at least 25 per cent of which must be spent on the social sector by the villages.

PROGRAMME COOPERATION, 1992-1996

8. During this period, the Government has been guided in its programme planning and implementation by its Eighth Five-Year National Development Plan (July 1992-July 1997) and by the National Programme of Action (NPA) for Children and Development for the 1990s, which both call for increased involvement of the community in programme planning and management.

9. The 1992-1996 Government of Nepal/UNICEF programme of cooperation focused on supporting the delivery of basic services to children and women through activities in primary health care and nutrition, education, water and sanitation, community-based services, and advocacy and communications.

10. In the health programme, national policy guidelines for the control of diarrhoeal diseases and acute respiratory infections (ARI) were developed, access to oral rehydration salts increased to 80 per cent, and 300,000 safe home delivery kits produced and distributed. Training was provided to over 600 auxiliary health workers, 1,280 maternal and child health workers, 2,000 traditional birth attendants and 36,350 female community health volunteers (CHVs). Programme partners included the United States Agency for International Development (USAID), WHO, Rotary International, Redd Barna, the United Nations Population Fund (UNFPA), Kreditanstalt fuer Wiederaufbau (Bank of Reconstruction) and the German Agency for Technical Cooperation (GTZ). However, child immunization coverage, which had been nearly 80 per cent in 1990, fell to under 40 per cent in 1994. The community drugs programme suffered a number of constraints which delayed its initiation. In general, access to health services remains unacceptably low. The primary constraints in all health projects, particularly the expanded programme on immunization (EPI), were weak administrative support, acute staffing shortages and delayed fund disbursement.

11. Nutrition activities, undertaken with USAID and WHO, focused on planning and central-level policy formulation, resulting in the passage of the Control of Breast-milk Substitutes Act by Parliament, a revised plan of action for anemia control, and a new policy and plan of action for growth monitoring. Although publicly announced as a Government priority, legislation on universal salt iodization is still awaited. The distribution of vitamin A capsules has been relatively successful, reaching over 90 per cent of targeted children, and the nutrition education project trained over 1,750 teachers in 26 of the country's 75 districts.

12. Through the textbook development and production activities of the education programme, supported by UNICEF and the Danish International Development Agency (DANIDA), new textbooks for classes one to four were developed, produced and distributed. Over 80,000 teachers were trained in the new "child-centred, activity-based" curriculum. Non-formal education programmes reached over 500,000 people annually, of whom 251,000 were girls and women. The early childhood education and care component expanded dramatically, from 4 to 1,000 preschool classes, benefiting over 22,000.

13. The programme on community water supply and sanitation, with women's involvement, provided almost 1 million people with potable water. Despite financial constraints, the hygiene and sanitation component developed considerably, achieving 77 per cent performance in improved sanitation awareness and reaching 91 per cent of its target population with household latrines. A national sanitation policy was also developed during this phase. Programme partners included the Finnish International Development Agency, New Zealand Volunteers, the World Bank, the Asian Development Bank, the United Nations Development Programme (UNDP), WaterAid and the Nepal Red Cross Society.

14. In the community-based programme, supported by national and international NGOs, including Save the Children Fund-United Kingdom (SCF-UK), Redd Barna and GTZ, the production credit for rural women project achieved 170 per cent of its target in skills development training and 200 per cent of its target in providing access to potable water. An evaluation of the programme, however, revealed insufficient focus on providing marketing skills and the need to assist the credit groups to be sustainably self-sufficient. Although constrained by high overhead costs and staffing problems, the small farmers development project assisted over 2,740 literacy classes and provided water supply to 84,000 people. The urban basic services and environment projects, while reaching 210,000 and 40,400 people, respectively, were constrained by inaccurate identification of the most marginalized people, weak monitoring and low awareness of project principles among partners.

15. In collaboration with non-governmental organizations (NGOs), including the International Institute for Human Rights, Environment and Development, numerous national and subnational training sessions to raise awareness of the two Conventions were conducted. Advocacy for the Child Rights Act was successful. A 150-member NGO rights advocacy network and a children's networking group for the rights of the child were established, and three national seminars on street children, with child participants, were supported. The Federation of the Disabled and a number of NGOs working with child prostitutes, street children and children in prison were initiated and received active support from the programme.

16. Advocacy and communications support were provided to other programme activities such as the development of universal salt iodization materials and assistance in the production of a 48-part television drama with health messages. However, there was lack of a comprehensive communication strategy. During 1995, a broad communication strategy was developed for the children in especially difficult circumstances (CEDC) programme, focusing on media about, for and by children.

17. UNICEF collaborated with the National Planning Commission to support decentralization using Nepal Multiple Indicator Surveillance (NMIS), designed to gather data on key problems in the country and to provide information to planners and the community in a timely manner. Major project evaluations included studies of the small farmers development project and the education and water programmes, which contributed to assessing the impact of projects and, in some cases, shifts in relevant government policies.

Lessons learned

18. Lessons learned during the mid-term review and through evaluations undertaken in 1995 include the need to: (a) build upon the increasing public awareness of the two Conventions; (b) strengthen decentralization through the transfer of human and financial resources; (c) improve the identification of beneficiaries to increase project impact on the most marginalized; (d) improve the quality, motivation, training and management of government and NGO staff; (e) programme for empowerment and social mobilization; and (f) incorporate gender and child development perspectives, with a focus on the child under five years of age, in planning and implementation to generate a breakthrough in child survival. These lessons required UNICEF to clarify its role at national and local levels and to develop a national advocacy and communication strategy. The impact of limited UNICEF resources can be increased significantly by fostering increased multisectoral, multi-agency and NGO collaboration and by the development of an overall advocacy and communication strategy.

19. In order to avoid the fragmentation of projects, a clearer distinction between activities and projects was made in the proposed country programme, thereby helping to prevent limited resources from being spread too thinly. Also, a major sharpening of programme focus has resulted in the identification of nutrition and sanitation as two overarching issues which impact on virtually every aspect of child and maternal survival and development. Thus, multisectoral actions to improve nutrition will be linked to all programme components. Likewise, sanitation is taking a stronger role in the country programme, with a greater focus on community participation where UNICEF mobilization strength can be better utilized.

20. While the lack of supplementary funding affected some projects, the greater problem was the inadequate management of funds. Delays in the transfer of funds often resulted in delays in training, supply procurement and deliveries. Therefore, although supplementary funding increased dramatically during the last two years of the country programme, the improvement of accountability will be a benchmark for future cooperation.

21. Improvements in monitoring and evaluation of programme implementation among United Nations agencies, other donors and NGOs are vital and will play a much greater role in the proposed country programme. The lack of adequate monitoring and evaluation resulted in the late identification of problems and inaccurate baseline data. A good start has been made with the first major results from NMIS, which provides useful information for planning by all partners.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

General resources: $18,400,000
Supplementary funding: $34,216,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Survival	1 716	4 000	5 716
Protection and care	2 790	10 900	13 690
Preparation for life	2 318	7 850	10 168
Family and environmental conditions	2 176	10 466	12 642
Nepal Multi-Indicator Surveillance c/	-	-	-
Communication, advocacy and external relations	1 500	1 000	2 500
Field-based activities	2 000	-	2 000
Programme support	5 900	-	5 900
	18 400	34 216	52 616

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are funded supplementary funding projects shown in table 3.

c/ Supplementary funding is already secured.

Country programme preparation process

22. During the medium-term review, it was agreed that increased collaboration among sectors, partners and donors was necessary to bring greater cohesiveness to the programme, and that this could best arise from strategically applying a holistic view of children and their development through a thematic rather than strictly sectoral approach to programming. The thematic approach was first explored with UNICEF partners at the review. This approach was then programmed with partners during the drafting of the position paper, and subsequently during the strategy meeting attended by all government ministries, UNICEF, all other United Nations agencies, and over 25 international and national NGO partners. The practicalities of applying the thematic approach were explored and refined.

Objectives and strategies

23. The country programme is closely related to the country's broader goals and objectives for human development which reflect the declarations of recent world summits and international conferences. The country programme will contribute to meeting needs as defined by the NPA and the fulfilment of the rights of children and women.

24. Thus, the objectives of the country programme of cooperation are to help: (a) reduce maternal mortality; (b) reduce child mortality; (c) improve protection and care to ensure the child's optimal mental and physical development; (d) prevent child exploitation and abuse; (e) provide the means for the full development of the child from 0-5 years old and for the successful transition from home to school; (f) provide a quality learning environment for children in both the home and the community; (g) provide equal learning opportunities for girls and for children with special needs; (h) improve family health and nutrition conditions; (i) encourage shared child-rearing and household rights and responsibilities between men and women; and (j) encourage self-confidence and the assertion of the rights of all family members, especially females.

25. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women constitute the foundation of the country programme. The programme is a mix of needs-based and rights-based approaches, with (a) a greater emphasis on preventative rather than rehabilitative interventions, particularly evident in efforts related to basic education, nutrition and CEDC; (b) the reduction of gender disparity to support implementation of the two Conventions; (c) a focus on children aged 0-5 years of age; (d) learning in its widest sense of acquisition of experience, critical thinking and life skills; (e) hygiene and sanitation as an important means to reduce disease transmission; and (f) child and maternal nutrition, critical to overall growth and development.

26. The country programme is organized around four principal themes representing the most critical, cross-cutting programme areas. While the programme encourages innovation and experimentation, approximately 80 per cent of the budget and inputs aim for national scope and impact through a more standard sectoral approach. Many of the components are continuations of programmes existing under past cooperation which have proven to be effective and important, such as immunization and basic education. The remaining funds are directed to new approaches for improving services and promoting better community participation, with the aim of influencing national-level programmes through learning and model activities.

27. The programmes are classified under (a) survival, meaning the prevention of young child and maternal deaths; (b) protection and care, including protection from preventable diseases, malnutrition, exploitation, abuse and disability; (c) preparation for life, emphasizing early childhood development

(ECD) and access to learning; and (d) family and environmental conditions, including water, sanitation, household income and strengthening families' child-rearing capacity. Within the four thematic areas, nine programmes have been developed, each involving action in one or more defined sectors. Strategic responses in each programme will consist of an appropriate mix of: (a) support to service delivery; (b) capacity-building, especially for community-level workers; (c) advocacy with decision makers from the family level up to the national level; (d) communications and social mobilization to help change attitudes and practices; and (e) monitoring and evaluation via local community systems. Detailed and time-bound objectives and activities will be defined annually through detailed programme plans of action.

Survival

28. The objectives of the safe motherhood programme are to help reduce infant and maternal mortality through (a) promotion of the private sector production and distribution of safe home delivery kits (estimated at 100,000 annually); (b) training of front-line workers, i.e., female community health workers (approximately 4,000 per year basic and 40,000 regular training); (c) advocacy on the need to seek timely referral; and (d) the provision of iron folate tablets to pregnant women annually (to cover 60 districts). This programme will be implemented in collaboration with UNFPA, USAID and NGOs such as SCF-UK.

29. The community drugs programme aims to ensure year-round availability of essential drugs at health posts through a cost-sharing programme which allows communities to procure and replenish essential drugs. UNICEF cooperation will focus on the training of community health management committee members and staff (approximately 325 the first year). Activities will be linked to assistance provided to the programme through the Nippon Foundation.

Protection and care

30. In the prevention of childhood diseases, the programme aims to: (a) increase immunization coverage to at least 70 per cent and support the eradication of polio by the year 2001 through (i) the provision of selected vaccines (30 per cent of national demand); (ii) the training of EPI workers (800 per year); and (iii) support to national immunization days, with cold-chain, advocacy material and supervisory support; (b) increase home case management for diarrhoea in children under five years old through (i) the training of 5,000 female CHVs annually; (ii) the development of information and education materials and their dissemination through the child-to-child approach; and (iii) community-level mobilization to increase knowledge and use of fluids; and (c) increase pneumonia treatment from 20 to 40 per cent by village health workers and CHVs through (i) the provision of antibiotics and ARI timers to all 75 districts; (ii) the training of front-line workers; and (iii) advocacy on early detection. The programme will be implemented in collaboration with WHO, Rotary International, the Overseas Development Administration (United Kingdom), the Canadian International Development Agency and USAID.

31. The aims of the childhood nutrition programme are to (a) contribute to the reduction of protein-energy malnutrition through (i) the establishment of community-based systems for assessment, analysis and action for improved child growth, development and survival; and (ii) communication and training to improve young child feeding practices; (b) ensure universal iodization of salt by 2001 through (i) advocacy and the provision of testing equipment for salt producers; (ii) media campaigns directed at sellers and distributors; and (iii) the provision of information to consumers to create demand; and (c) help reduce vitamin A deficiencies and night blindness through (i) the procurement and distribution of vitamin A capsules covering 80 per cent of all children under five years of age in 32 districts; and (ii) the identification and training of community mobilizers for the prevention of vitamin A deficiencies. Programme

partners include the National Committees for UNICEF of the United States and Canada; USAID will provide assistance for the distribution of vitamin A capsules.

32. The prevention of child exploitation aims to raise confidence and motivation for actions related to the prevention of exploitation, violence, abuse, negligence and accidents through (a) support for the media by and for children on the subject of abuse and exploitation; (b) identification and support for preventive and limited rehabilitative services; and (c) strengthening of legal measures for protection through support to the training of jurists, police and parliamentarians and advocacy efforts with all concerned. This programme is supported by Redd Barna, the Australian Agency for International Development, SCF-UK and the National Committees of Germany, Netherlands and Finland.

Preparation for life

33. The programme on access to enhanced learning aims to support parents, siblings and communities to improve primary school learning of children and improve enrolment and retention rates of children in classes one to three through (a) improved teacher training on basic skills such as reading, writing and classroom management; (b) the development and provision of teaching kits and manuals which will include issues on disability detection and integration of the disabled; and (c) the mobilization of families for improved learning and transition from home to school. Support for these activities will also be provided by the World Bank, the Japan International Cooperation Agency and DANIDA.

34. The focus on the young child will be further enhanced through the ECD programme. It aims to assist in developing a stimulating, nurturing and learning environment in the home and community for all children 0-5 years of age and to raise related awareness through developing interactive radio instruction focused on child development and on the importance of neighbourhood play groups and assisting in their establishment with the Government and NGOs.

Family and environmental conditions

35. The two programmes under this theme aim to improve the child's and the family's physical and social environment by influencing family health and nutritional conditions, child-rearing responsibilities, family/household rights and responsibilities, and strengthening self-confidence of all family members. These programmes will have a particularly strong intersectoral approach, exploring opportunities for intervention within all other programme areas. Both programmes are supported by various donors, including the World Bank, AsDB and the Government of Finland.

36. A programme to improve the child's physical environment aims to upgrade family health and hygiene practices by promoting low-cost water schemes and their maintenance by communities and educating communities on the importance of health and hygiene practices.

37. A child's social environment programme aims to support mutual sharing of family and child-rearing responsibilities among men and women in all thematic areas through (a) mobilization and education inputs to promote self-confidence and self-esteem of young girls and women in particular; (b) initiating father's radio listening groups; and (c) providing orientation and workshops to develop the skills of local and traditional media to improve child-rearing practices and shared responsibilities.

Nepal Multi-Indicator Surveillance and communication, advocacy and external relations

38. Two additional programmes will complement each of the other programmes. NMIS is a continuing village-based and capacity-building development process designed to gather detailed, accurate and usable data rapidly and at low cost. It focuses on the use of data in local and national planning and programming, monitoring and evaluation. UNICEF will cooperate with the National Planning Commission to support 144 NMIS sites throughout the country so that they provide essential and timely information to planners at central, district and village levels and help to establish an operational framework for decentralization.

39. In addition to having specific communication activities within the various programmes, the communications, advocacy and external relations programme will provide coordination at the national level to ensure continuity and consistency; generate and disseminate information to policy makers, parliamentarians and other decision-makers; and conduct external relations with donors and other partners.

Monitoring and evaluation

40. To increase programme effectiveness, UNICEF will promote careful, sustained monitoring of programme implementation. A range of studies and evaluations will be supported through the various components of the programme. For each programme and its various objectives, a tentative set of indicators has been developed for national, district, community and household levels, which will form the basis for monitoring and evaluation activities to be undertaken by implementing agencies. NMIS will play a key role in gathering data on key problems in the country that also will feed into the programme planning, monitoring and evaluation process. The UNICEF field offices in Pokhara, Biratnagar and Nepalgunj will continue to provide field-based support for the review, monitoring and evaluation of project activities.

Collaboration with other agencies and partners

41. Programme identification and mutually reinforcing implementation with UNDP, the World Food Programme, UNFPA, the Food and Agriculture Organization of the United Nations, WHO and the International Labour Organisation will also be continued. Donors who have already committed support for the new programme include Governments and/or National Committees of the United States, United Kingdom, Austria, Finland, Canada, Germany, Norway, Japan and Switzerland. UNICEF collaborates with approximately 20 international and 150 national NGOs. Details of partnership activities for the programme will be developed with all counterparts as part of the annual programming process.

Programme management

42. In collaboration with the Ministry of Finance, the National Planning Commission, within its responsibility for preparing and coordinating national plans, will provide guidance for general coordination, monitoring and evaluation of the programme. The participating ministries, and other governmental and non-governmental agencies involved will be responsible for implementation and monitoring of activities included in this programme.

43. Under the thematic country programme structure, the UNICEF country office is encouraging cross-sectoral programme planning and management among its staff. Teams have been formed for each thematic area consisting of a mix of technical and operational skills. A management team has been established as an advisory body to the representative. UNICEF will interact and work with all relevant ministries, departments and organizations in a manner that encourages and promotes the multisectoral, thematic approach to programmes.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Nepal	(1994 and earlier years)		UNICEF country classification
Under-five mortality rate	118	(1994)	High U5MR
Infant mortality rate	84	(1994)	High IMR
GNP per capita	$ 200	(1994)	Low-income GNP
Total population	21.4 million	(1994)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	513	668	764	827
Infant deaths (under 1)	(thousands)	79	80	71	69
Under-five deaths	(thousands)	123	120	102	98
Under-five mortality rate (per 1,000 live births)		240	180	134	118
Infant mortality rate (under 1) (per 1,000 live births)		154	120	93	84

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1975/1995)	Moderate & severe	70 *	49 **
	Severe	5 *	5 **
Babies with low birth weight (%)		..	..
Primary school children reaching grade 5 (%, 1992)		..	52

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1995)	..	36
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%, 1975/1995)	14 *	49 **
Prevalence of stunting (0-59 mos.) (%, 1975/1995)	69 *	64 **
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	91	100
Total goitre rate (1986)	..	44
Household expenditure (% of total income, 1980 or 1985) All food/cereals	.. / ..	57 / 38

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1995)		..	27
Access to health services (% of population)	Total	..	..
	Urban/rural	.. / ..	.. / ..
Access to safe water (% of population, 1983/1994)	Total	15	46
	Urban/rural	71 / 11	90 / 43
Access to adequate sanitation (% of population, 1983/1994)	Total	2	21
	Urban/rural	16 / 1	70 / 16
Births attended by trained personnel (%, 1988)		..	6
Maternal mortality rate (per 100,000 live births, 1990)		..	1500

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	32	67	97	61
	DPT	16	32	79	63
	Polio	1	20	78	62
	Measles	2	46	67	57
Pregnant women (%) immunized against:	Tetanus	4	10	28	11

* <60% of reference median weight-for-age.
** 6-36 months.

/...

TABLE 1 (continued)

Nepal

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1992)	Total	84 / ..	109 / ..
	Male	117 / ..	130 / ..
	Female	49 / ..	87 / ..
Secondary enrolment ratio (gross/net) (%, 1980/1992)	Total	21 / ..	35 / ..
	Male	33 / ..	46 / ..
	Female	9 / ..	23 / ..
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	19	28
	Male/female	31 / 7	41 / 14
Radio/television sets (per 1,000 population, 1980/1993)		20 / ..	35 / 3

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	11504	14874	19253	21360	24842
Population aged 0-15 years	(thousands)	4993	6792	8695	9574	10803
Population aged 0-4 years	(thousands)	1877	2649	3122	3477	3830
Urban population (% of total)		3.9	6.5	10.9	13.5	16.7
Life expectancy at birth (years)	Total	42	47	52	54	58
	Male	43	48	53	55	58
	Female	42	46	52	54	58
Total fertility rate		6.0	6.4	5.7	5.3	4.7
Crude birth rate (per 1,000 population)		45	45	40	39	35
Crude death rate (per 1,000 population)		22	18	14	13	11

		About 1980	Most recent
Contraceptive prevalence rate (%, 1986/1991)		14	23
Population annual growth rate (%, 1965-1980/1980-1994)	Total	2.4	2.6
	Urban	6.6	7.6

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1973-1985/1985-1994)		0.5	2.2
Inflation rate (%, 1980-1985/1985-1994)		8	12
Population in absolute poverty (%, 1979)	Urban/rural	55 / 61	.. / ..
Household income share (%, 1976-1977/1984-1985)	Top 20%/bottom 40%	59 / 13	40 / 22
Government expenditure (% of total expenditure, 1983/1991)	Health/education	5 / 11	5 / 11
	Defence	6	6
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	3 / 1
Official development assistance: (1980/1994)	$US millions	163	448
	As % of GNP	8	11
Debt service (% of goods and services exports(1980/1992)		2	11

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1996 a/

COUNTRY: NEPAL
LATEST BOARD APPROVAL: 1992
GENERAL RESOURCES: $25 000 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	4 704	1 681	364	269	1 175	0	212	66	6 455	9 500	2 016	11 229	8 471	20 729
Nutrition	535	1 167	48	71	292	24	347	107	1 221	0	1 369	0	2 590	0
Water supply and sanitation	637	3 535	193	16	1 730	(0)	1 042	705	3 601	2 000	4 256	11 602	7 857	13 602
Education	566	626	39	23	825	233	1 505	3 844	2 934	7 000	4 727	5 352	7 661	12 352
Women-centred programme	237	482	332	489	381	13	1 506	1 554	2 456	0	2 538	0	4 994	0
Social mobilization and advocacy	165	0	4	0	506	0	432	0	1 107	1 500	0	500	1 107	2 000
Programme support	374	0	94	0	1 144	0	1 175	0	2 787	2 750	0	0	2 787	2 750
Integrated area-based programme c/	0	0	0	0	0	0	0	0	0	2 250	0	5 937	0	8 187
Emergency	231	35	1	0	0	0	15	9	246	0	44	0	290	0
GRAND TOTAL	7 449	7 525	1 073	868	6 052	270	6 233	6 286	20 807	25 000	14 948	34 620	35 755	59 620

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 31 December 1995.

b/ Actual GR expenditure includes allocations from global funds.

c/ Expenditures against integrated area-based programme have been accounted for in the appropriate sectoral programmes.

E/ICEF/1996/P/L.32/Add.1
English
Page 13

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: NEPAL
PROGRAMME CYCLE: 1997-2001 (In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
SURVIVAL	GR	420	324	324	324	324	1,716
	FSF						
	NSF	800	800	800	800	800	4,000
	TOTAL	1,220	1,124	1,124	1,124	1,124	5,716
PROTECTION AND CARE	GR	630	540	540	540	540	2,790
	FSF	100					100
	NSF	2,100	2,200	2,200	2,200	2,200	10,900
	TOTAL	2,830	2,740	2,740	2,740	2,740	13,790
PREPARATION FOR LIFE	GR	590	432	432	432	432	2,318
	FSF	150					150
	NSF	1,450	1,600	1,600	1,600	1,600	7,850
	TOTAL	2,190	2,032	2,032	2,032	2,032	10,318
FAMILY & ENVIRONMENTAL CONDITIONS	GR	560	404	404	404	404	2,176
	FSF	349					349
	NSF	1,814	2,163	2,163	2,163	2,163	10,466
	TOTAL	2,723	2,567	2,567	2,567	2,567	12,991
NEPAL MULTI-INDICATOR SURVEILLANCE	GR						
	FSF	185					185
	NSF						
	TOTAL	185					185
COMMUN., ADV. & EXT. REL.	GR	300	300	300	300	300	1,500
	FSF						
	NSF	200	200	200	200	200	1,000
	TOTAL	500	500	500	500	500	2,500
PROGRAMME SUPPORT	GR	1,100	1,200	1,200	1,200	1,200	5,900
	FSF						
	NSF						
	TOTAL	1,100	1,200	1,200	1,200	1,200	5,900
FIELD-BASED ACTIVITIES	GR	400	400	400	400	400	2,000
	FSF						
	NSF						
	TOTAL	400	400	400	400	400	2,000
TOTAL	GR	4,000	3,600	3,600	3,600	3,600	18,400
	FSF	784					784
	NSF	6,364	6,963	6,963	6,963	6,963	34,216
	TOTAL	11,148	10,563	10,563	10,563	10,563	53,400

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : NEPAL
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
SURVIVAL	1,716			1,716	0	0	0	1	0	0	1	1	3	5	748.5	169.9	918.4
PROTECTION AND CARE	2,790			2,790	0	0	0	0	0	0	0	0	1	1	0.0	33.2	33.2
PREPARATION FOR LIFE	2,318			2,318	0	0	0	1	0	0	1	1	3	5	684.8	169.9	854.7
FAMILY & ENVIRONMENTAL CONDITIONS	2,176			2,176	0	0	0	1	0	0	1	0	4	5	684.8	122.8	807.6
NEPAL MULTI-INDICATOR SURVEILLANCE	0			0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
COMMUN., ADV. & EXT. REL.	1,500			1,500	0	0	0	0	0	0	0	2	2	4	0.0	182.9	182.9
PROGRAMME SUPPORT	5,900			5,900	0	0	0	0	0	0	0	17	22	39	0.0	1,834.1	1,834.1
FIELD-BASED ACTIVITIES	2,000			2,000	0	0	0	0	0	0	0	0	3	3	0.0	90.6	90.6
TOTAL GR	18,400			18,400	0	0	0	3	0	0	3	21	38	62	2,118.1	2,603.4	4,721.5
SUPPLEMENTARY FUNDING :																	
SURVIVAL		0	4,000	4,000	0	0	0	0	0	0	0	4	0	4	0.0	231.3	231.3
PROTECTION AND CARE		100	10,900	11,000	0	0	0	1	0	0	1	2	0	3	684.8	145.4	830.2
PREPARATION FOR LIFE		150	7,850	8,000	0	0	0	0	1	0	1	2	0	3	620.0	121.2	741.2
FAMILY & ENVIRONMENTAL CONDITIONS		349	10,466	10,815	0	0	0	0	1	0	1	2	0	3	620.0	158.6	778.6
NEPAL MULTI-INDICATOR SURVEILLANCE		185	0	185	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
COMMUN., ADV. & EXT. REL.		0	1,000	1,000	0	0	0	0	1	0	1	0	0	1	620.0	0.0	620.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
FIELD-BASED ACTIVITIES		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		784	34,216	35,000	0	0	0	1	3	0	4	10	0	14	2,544.8	656.5	3,201.3
TOTAL GR & SF	18,400	784	34,216	53,400	0	0	0	4	3	0	7	31	38	76	4,662.9	3,259.9	7,922.8
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			2,015.0													
	Staffing				0	1	1	3	1	0	6	1	15	22	4,210.6	906.1	5,116.7
GRAND TOTAL (GR+SF+ADM)					0	1	1	7	4	0	13	32	53	98	8,873.5	4,166.0	13,039.5
Number of posts and staff costs:																	
Current programme cycle											17	40	54	111			
At the end of proposed programme cycle (indicative only)											13	32	53	98	8,873.5	4,166.0	13,039.5

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.